RX PAIN DRUG DIVERSION/ ABUSE

How Only The USA Wound Up In This Dire Situation – Disclaimer

No Going Back To The Bad Old Days

Medical Board of California/California State Board of Pharmacy

David G. Greenberg, MD, MPH

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From 5MG Oxycodone To 160MG

- 1995 FDA approval of a deeply flawed ER formulation of high dosage Oxycodone.
- Zero consideration of the obvious risks.
- Inadequate trials in USA – real trials are post marketing.
- Better than placebo policy.
- Impotent regulation of off label marketing.

PURDUE'S MARKETING BLITZKRIEG

- Ramped up "DETAIL" sales force.
- ID and HIRE "Physician Thought Leaders".
- "Training Camps For Thought Leaders".
- $ Support to establish multiple faux "Grassroots" Pain Advocacy Organizations i.e. "APF"
- Hospital/Insurance plan sales forces
- Videos/Brochures for docs and patients

THEIR MANTRAS

- If you under treat chronic pain - LAWSUIT!
- Essentially no risk of addiction with OC
- OC is a clean molecule, near zero S.E.
- Near zero resp. depression in pain PTS
- No Max dose for opioid drugs!
- Driving on hi dose opioids is very safe
- Q 12H OC dosing works for >90% of PTS
- OK to self declare as a specialist in Pain Medicine
- A great way to build an easy long-term cash paying practice!

THE MANTRAS CONT.

- Urine Drug Testing is contraindicated in CP patients as it not needed and it ruptures the bond of trust between doctors and patients.
- Drug diversion is very rare.
- Drug OD is close to impossible due to ER
- Use OC first and stick with it for all types of pain
- Return to pre-morbid active full functioning at work, home, and hobbies on OC is the norm.

BLITZKRIEG PART 2

- JCAHO
- Department of Defense Hospitals
- Veteran's Administration Hospitals
- IHS Hospitals
- Private Hospital Chains

UNDERCOUNTED EPIDEMICS

- Accidental overdose deaths (prob >30k 2012)
- Accidental OD with brain injury
- Opioid Abuse/Addiction
- Main Gateway to Heroin addiction, especially for young white Caucasians
- Motor vehicle crashes
- Failure at work and school.
- Increased criminality
- Worker's comp
- SNF and Non-Acute Critical Care Hospitals
- $ Utilization- 2012 FED Report 8.7 X AV Patients

PHARMA VICTORY NEW GUIDELINES

- New PT- Review previous medical records and contact previous pain drug Rx'er.
- Take Medical, Psych, Social, Family, Pain and Substance Abuse Histories. Tobacco Hx
- Perform Directed Physical Exam/MSE
- Check State CS PMP Database
- Drug Testing
- Assess.
- Informed Consent, Treatment Plan, Pain Rx Agreement with Clear Consequences for N/C.
- Avoid Poly Opioids and Sedative Drug Rxs

POST VICTORY- WHY DO THE PAIN GUIDELINES FAIL?

- They are completely voluntary!
- They take time/hurt profits
- Unsafe Rx'ing providers gain the competitive advantage in marketplace.
- Cash paying & insured addicted and diverting patients prefer unsafe Rx'ers
- Examples Automobile Traffic Laws

USA VERSUS THE CIVILIZED WORLD

- How other countries promote safe pain prescribing. They care about patient outcomes and cost/benefits of care.
- Common Sense/Science based medicine
- No self declarations of medical "Specialization" for Physicians or Nurse/PAs
- Mandatory Malpractice Insurance.
- Mandatory utilization of PMPs prior to any CS Rx
- Proactive regulatory and L.E. agencies – local and federal

USA VS. WORLD CONT.

- FDA equivalents are more comprehensive in approach – No placebo standard.
- No mass media advertising of scheduled drugs.
- Limited contributions by PHARMA to legislators.
- Legislators do not micromanage FDA/DEA/Medicare/Medicaid equivalents.

SOLUTIONS

- No viable solutions to situation in USA's CDC declared opioid epidemics under current political, economic, regulatory, social, and criminal law environments.
- AL QUEDA'S example

PREDICTIONS

- By 2025 approximately 20% Of US population will be addicted to Rx opioid drugs or heroin. Approx. total 60 million adults and children
- This will have profound economic, healthcare and societal consequences.
- AND- It will bankrupt whatever healthcare payment systems we have.
- 60 ,000,000 X10= 600,000,000 PT $ EFFECT !

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QUESTIONS ?

David G Greenberg, MD, MPH
PO Box 9378
Laguna Beach, CA 92652
P: 877-457-3111
Email: dggreenberg@cox.net
www.caphp.net
www.greenbergandsucher.com

PROMOTING APPROPRIATE PRESCRIBING

How education and cooperation of Physicians and Pharmacists can address the problem of inappropriate prescribing and dispensing

Medical Board of California/California State Board of Pharmacy

Michel A Sucher MD FASAM

February 22, 2013

The Problem

- Outlined well by Dr. Greenberg and other presenters
- Pain is "5th" Vital Sign
- Discipline more likely for under-prescribing than over-prescribing
- We have essentially become providers of "narcotics on demand"
- We trust our patients but do not verify their histories

The Problem

- Hydrocodone most commonly prescribed Rx medication in the USA
- Accidental overdose deaths exceed MVA deaths every year since 2009
- Much of addiction, overdoses, deaths the result of treatment for legitimate medical conditions
- Opioids, Benzodiazepines, Sedative-Hypnotics now more common than illegal drugs as entry/gateway drug in teens; Most obtained from parents or friends parent's medicine cabinets

Prerequisites for Solutions

- Acknowledge the Problem
- Understand the risks of inappropriate prescribing
- Learn that the common belief that chronic use of controlled substances is safe and non-impairing may not be true
- Get everyone (public, patients, insurers, prescribers, etc.) out of denial
- Educate, Educate, Educate

Possible Solutions

- Education for Providers
  - Proper prescribing courses (possibly required CME)
  - Proper procedure and rules re: dispensing
  - Addiction Medicine 101 and realistic information about true risk of addiction to controlled substances
  - Taking complete histories, obtaining prior medical records, use of CURES and similar programs
  - Role of physicians and pharmacists and how they can work together to identify and prevent abuse

Possible Solutions

- Education for Providers, cont'd
  - Effects of controlled substances on cognition and performance
  - Treatment options for patients who become addicted and how to access appropriate treatment options
  - Monitoring/disease management
  - Outcomes data

Possible Solutions

- Who to Educate
  - Educate physicians
  - Educate patients
  - Educate parents
  - Educate teenagers and children
  - Educate society
  - Educate insurers
  - Educate all stakeholders
  - Like we are doing here today

Possible Solutions

- Increased regulation
- Increased enforcement and discipline
- Holding patients, family members responsible in addition to the medical profession
- Expansion/enhancement/improved funding for CURES and similar providers of key information
- Better coordination of care between providers for every patient

Essentials for Change

- Understanding addiction treatment options and efficacy
- Separate treatment models for the substance dependent individual vs. the accidental "addict" with legitimate medical issues
- Prompt identification of patients in crisis from misuse/abuse of prescription medications
- Insistence upon detoxification and treatment when indicated

Addiction Treatment 101

- Treatment Works
  - Substance dependence treatment is effective
- Levels of Treatment
  - Medical Detoxification
    - Opioids, Benzodiazepines
    - Other
  - Outpatient
  - Residential/Inpatient/Extended residential
  - Medication Assisted Treatment

The PHP Model

- Physician Health Programs have the most objective data on treatment of substance use disorders
- Backed by Objective Data
  - Drug test results
  - Face to face relapse prevention therapy groups
  - Regular case management interviews and reports
  - Worksite monitoring
  - No self treatment/medication

The PHP Model

- Actually this is disease management of substance dependence
- BMJ 11/08
  - 904 physicians, 16 states, 7.2 year follow up, all specialties
- Most programs are fully abstinent based
  - No alcohol, opiates, benzos, other drugs (unless medically required and Rx'd by knowledgable physicians
  - No self medication

The PHP Model

- Extraordinary Success Rates
  - BMJ Outcomes
    - 78% no positive drug tests
    - Of remaining 22%, 2/3 had only 1 positive drug test
    - Only 6-7% had long term consequences such as license loss, death, suicide, etc.
  - Arizona State Board of Dental Examiners
    - 92% success rate in most recent 5 year study
    - 79% success rate in prior 10 years (before addition of relapse prevention groups, mandatory inpatient treatment and strict compliance measurement

Summary

- This is a real issue
- Education is a key component
- Improved communication between providers and all involved professionals is essential (physicians, pharmacists, other)
- Prevention and early identification are critical
- Treatment is effective

Thanks for your attention

Questions?

Michel A Sucher MD FASAM
PO Box 9378
Laguna Beach, CA 92652
P: 877-457-3111
www.caphp.net
www.greenbergandsucher.com